. Under the Paperwork Reduction Act of 1895, no periods are required to respond to a pollection of information unless a faithful a year Chile control number. PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Humber Substitute for Form PTO-875 Effective December 6, 2004 APPLICATION AS FILED - PARTI. (Column 1) OTHER THAN (Coinin 2) SMALL ENTITY OR SMALL ENTITY FOR HUMBER FILED HUMBER EXTRA BASIC FEE RATE (\$1 FEE A RATE (\$) (3) CFR 1 16(1) 16 # (4) NA FEE(1) H/A HVA SEARCHFEE 150.00 NIA 300.00 (37 CFA 1 16(N. 14, 00 10) NVA NIA N/A \$250 EXAMINATION FEE HIA \$600 (37 CFR 1 16(4)-(p), or (q)) NA N/A NUL \$100 TOTAL GLAMAS NA \$200 137.CFR 1 18(0) minus 20 . X\$ 25 independent quams X\$50 OR (27 CFR 1 16(N) C aurum X100 X200 Of beeck agniward and drawings exceed 100 APPLICATION SIZE sheets of paper, the application size fee due FEE is \$260 (\$128 for small entity) for each 137 CFR 1 16(4) additional 50 sheets or fraction thereof, See 35 U.S.C. 41(8)(1)(Q) and 37 CFR 1;16(s) MULTIPLE DEPENDENT CLAIM PRESENT DT CFR I 1641 +180= 4360m If the difference in column 1 is less then zero, enter "O" in column 2. TOTAL TOTAL APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3): OTHER THAN SMALL ENTITY OR CLAIMS HIGHEST SMALL ENTITY REMAINING HUMBER PRESENT AFTER MENDMENT RATE (1) ADDI-PREVIOUSLY EXTRA RATE(\$) TIONAL ADDI: PAID FOR FEE (1) TIONAL FEE (1) pi cre Lien Minus വര X\$ 25 X\$50 hospendens . OR Minus 75 X100 X200 Application Size F4e (37 CFR 1.16(s)) ÓR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM 127 CFR 1.1401 **+180**≈ +360= OR TOTAL TOTAL ADO'L FEE OR ADO'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST 0 REMAINING. NUMBER PRESENT AFTER. RATE (\$) D T ADDI-PREVIOUSLY EXTRA RATE (\$) TIONAL ADQI-PAID FOR TIONAL FEE (1) tolel-FEE (1) Mirus AMENDIA X\$ 25 theipendent X\$50 OR Minue *** X100 X200 Application 6 to 640 (37 OFR 1.16(6)) OR. first presentation of multiple dependent claim. (It can 1.160) +180= +360z OR TOTAL If the entry in column 1 is been then the entry in column 2, write "o" in column 3.

If the Highest Number Previously Paid For" IN THES SPACE is less than 20, enter "20".

If the Highest Number Previously Paid For" IN THES SPACE is less than 3, enter "20".

The Highest Number Previously Paid For (IN THES SPACE is less than 3, enter "2".

In Highest Number Previously Paid For (IN THES SPACE is less than 3, enter "2".

It the Highest Number Previously Paid For (IN THES SPACE is less than 3, enter "2".

In Highest Number Previously Paid For (IN THES SPACE is less than 3, enter "2".

It the Highest Number Previously Paid For (IN THES SPACE is less than 3, enter "2".

It the Highest Number Previously Paid For (IN THES SPACE is less than 3, enter "2".

It the Highest Number Previously Paid For (IN THES SPACE is less than 20, enter "2".

It the Highest Number Previously Paid For (IN THES SPACE is less than 3, enter "2".

It the Highest Number Previously Paid For (IN THES SPACE is less than 20, enter "2".

It the Highest Number Previously Paid For (IN THES SPACE is less than 20, enter "2".

It the Highest Number Previously Paid For (IN THES SPACE is less than 20, enter "2".

It the Highest Number Previously Paid For (IN THES SPACE is less than 20, enter "2".

It the Highest Number Previously Paid For (IN THES SPACE is less than 20, enter "2".

It the Highest Number Previously Paid For (IN THES SPACE is less than 20, enter "2".

It the Highest Number Previously Paid For (IN THES SPACE is less than 20, enter "2".

It the Highest Number Previously Paid For (IN THES SPACE is less than 20, enter "2".

It the Highest Number Previously Paid For (IN THES SPACE is less than 20, enter "2".

It the Highest Number Previously Paid For (IN THES SPACE is less than 20, enter "2".

It the Highest Number Previously Paid For (IN THES SPACE is less than 20, enter "2".

It the Highest Number Previously Paid For (IN THES SPACE is less than 20, enter "2".

It the Highest Number Previously Paid For (IN These Highest Paid For (IN These Highest TOTAL . ADD'L FEE OR P10 to process an approxition. Considernially is potented by 35 U.S.Q. 122 and 37 OFR 1.14. This coasedon is estimated to take 12 minutes to complete, buding pathology, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments the amount of time you require to complete this form and/or suggestions for inducing this burden, should be sent to the Chief Information Office. U.S. Patent 1 Trademsik Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22319-1450. DO NOT SEHO FEES ON COMPLETED FORMS TO THIS ORBES. SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22319-1450.